

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hall's and</u> Town <u>St Marys</u> County		MARYLAND			
Date of death <u>1907</u>	Month <u>July</u>	Day <u>26</u>	Age <u>71</u>	Months	Days
Sex <u>male</u>	Color or Race <u>Black</u>	Birth-place <u>Ind</u>			
Occupation <u>Former</u>	Where Residing if not at place of death				
Married, <u>Widowed</u>	Name of Wife or Husband <u>Eliza Brown</u>				
Father's Name <u>Dorid Brown</u>	Father's Birthplace <u>Ind</u>				
Mother's Maiden Name <u>Don't know</u>	Mother's Birthplace <u>Don't know</u>				
Name of person giving information <u>Henry Hall</u>	How related to deceased <u>none</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>12 months</u>
Immediate <u>"</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. H. King</u>
	Address <u>Coyleville Ind.</u>
Accident or Suicide?	



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CERTIFICATE OF DEATH

Sarah Kingsley Harrison

MARYLAND

Died at ^{Town} Charlotte Hall ^{County} St Mary'sDate of death 1907 ^{Month} July ^{Day} 25 ^{Age} 57 ^{Years} 5 ^{Months} 8 ^{Days}

Sex Female Color or Race white Birth-place Louisville, Ky

Occupation Private life Where Residing if not at place of death

Married, Single or Widowed Widowed Name of Wife or Husband Philip Harrison

Father's Name William Kingsley Dent Father's Birthplace Chesapeake Md

Mother's Maiden Name Jane Sophia Dent Mother's Birthplace Chesapeake Md

Name of person giving information Erle T. Harrison How related to deceased Nephew

CAUSES OF DEATH

120

Primary

13 nights Delirium

How long

One year

Immediate

Exhaustion

How long

Sudden

Are the name, age, sex, color, date and place correctly given above?

yes

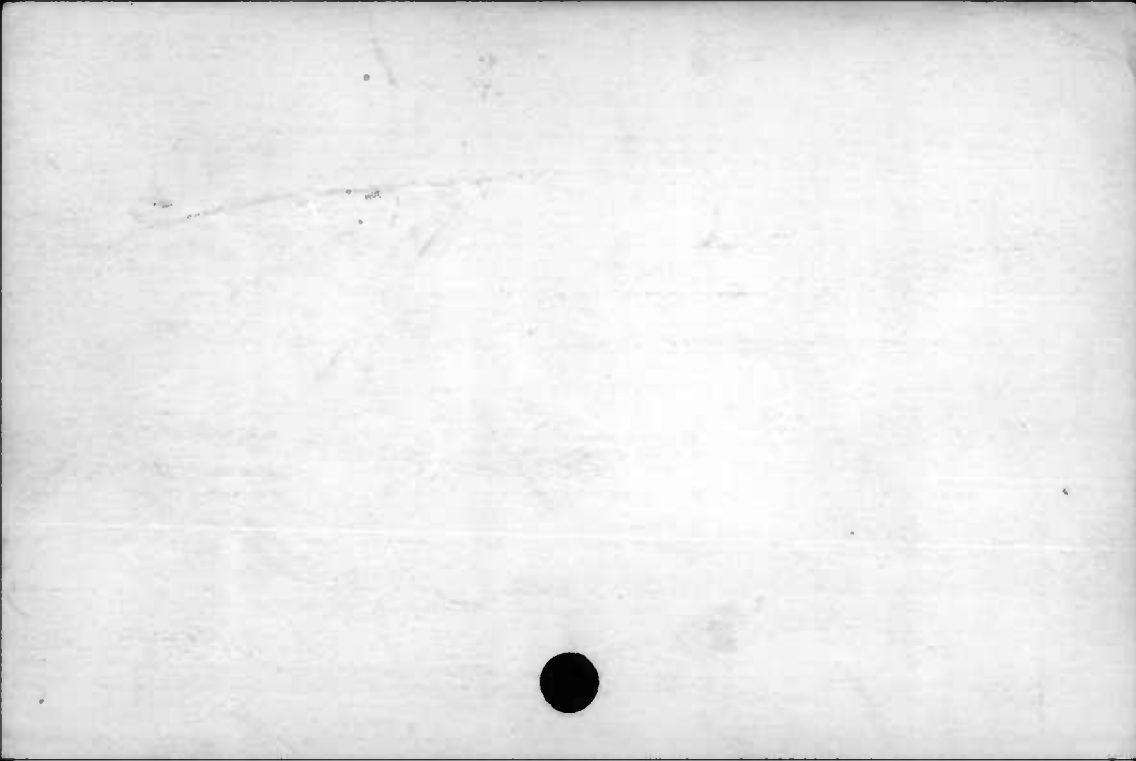
Signature of Physician

Address

Learm Sothorn
Charlotte Hall Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
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Mary S. Nelson

CERTIFICATE OF DEATH

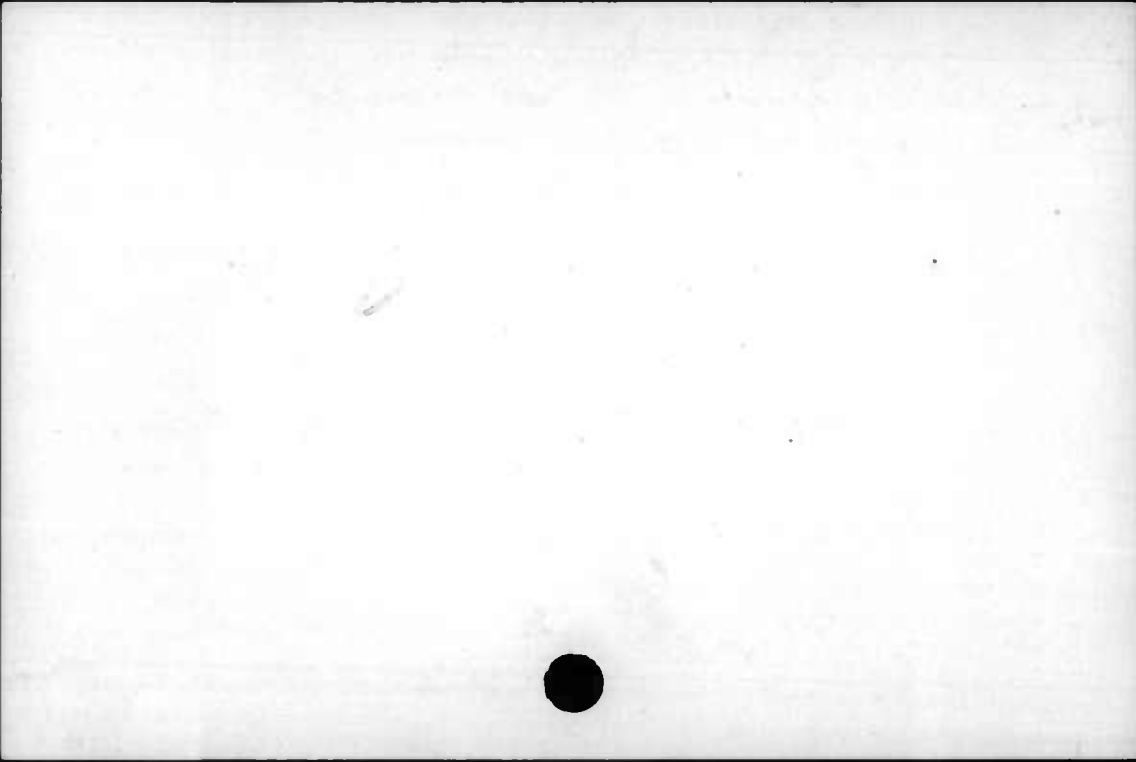
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Lemmon, S.D.		County St. Marys		MARYLAND	
Date of death	1907	Month July	Day 29	Age 79	Years	Months 6	Days
Sex	Female		Color or Race	White		Birth-place	Ind
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Widowed		Name of Wife or Husband	Elmer			
Father's Name	Elmer					Father's Birthplace	
Mother's Maiden Name	Elmer					Mother's Birthplace	
Name of person giving information	B. B. Love					How related to deceased	None

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Apoplexy	(64)	How long	3 days
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician L. B. Johnson		
		Address Morgantown		
Accident or Suicide?				



Name
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William Thomas

Nolan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
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Died at <u>Cockeille</u> ^{Town}		<u>St Marys</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	Month <u>July</u>	Day <u>30</u>	Age <u>—</u>	Months <u>9</u>	Days
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>Ind</u>		
Occupation <u>none</u>	Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>Richard Nolan</u>	Father's Birthplace <u>Ind</u>				
Mother's Maiden Name <u>Mollie Cooper</u>	Mother's Birthplace <u>Ind</u>				
Name of person giving information <u>Richard Nolan</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <u>Cholera dysenteria</u>	How long <u>8 days</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. J. L. L.</u>
	Address <u>Cockeille Ind.</u>
Accident or Suicide?	



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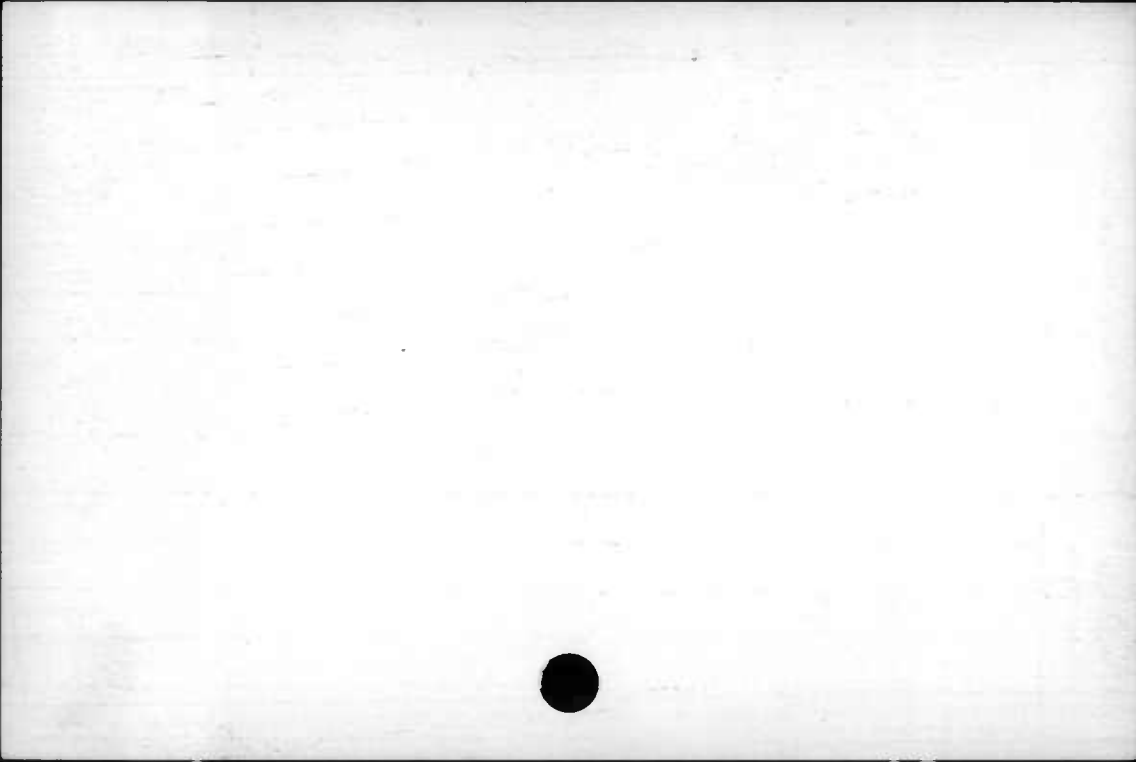
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Jane E. Payne</i>		Town <i>Laurel Grove</i>		County <i>St. Mary's</i>		MARYLAND							
Died at <i>Laurel Grove</i>		Date of death <i>1907</i>		Month <i>July</i>		Day <i>6</i>		Years <i>72</i>		Months		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>St. Mary's Co. Md.</i>									
Occupation <i>Lady of leisure</i>		Where Residing if not at place of death <i>Laurel Grove</i>											
Married, Single <input checked="" type="checkbox"/> Widowed		Name of Wife or Husband <i>John L. Payne</i>											
Father's Name <i>James A. Morgan</i>		Father's Birthplace <i>Maryland</i>											
Mother's Maiden Name <i>Miss Howard</i>		Mother's Birthplace <i>Maryland</i>											
Name of person giving information <i>my own knowledge</i>		How related to deceased <i>Cousin</i>											

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		<i>66</i>		How long	
Immediate <i>Paralysis</i>				How long <i>36 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Jaeh. R. Morgan</i>			
		Address 			
Accident or Suicide?					



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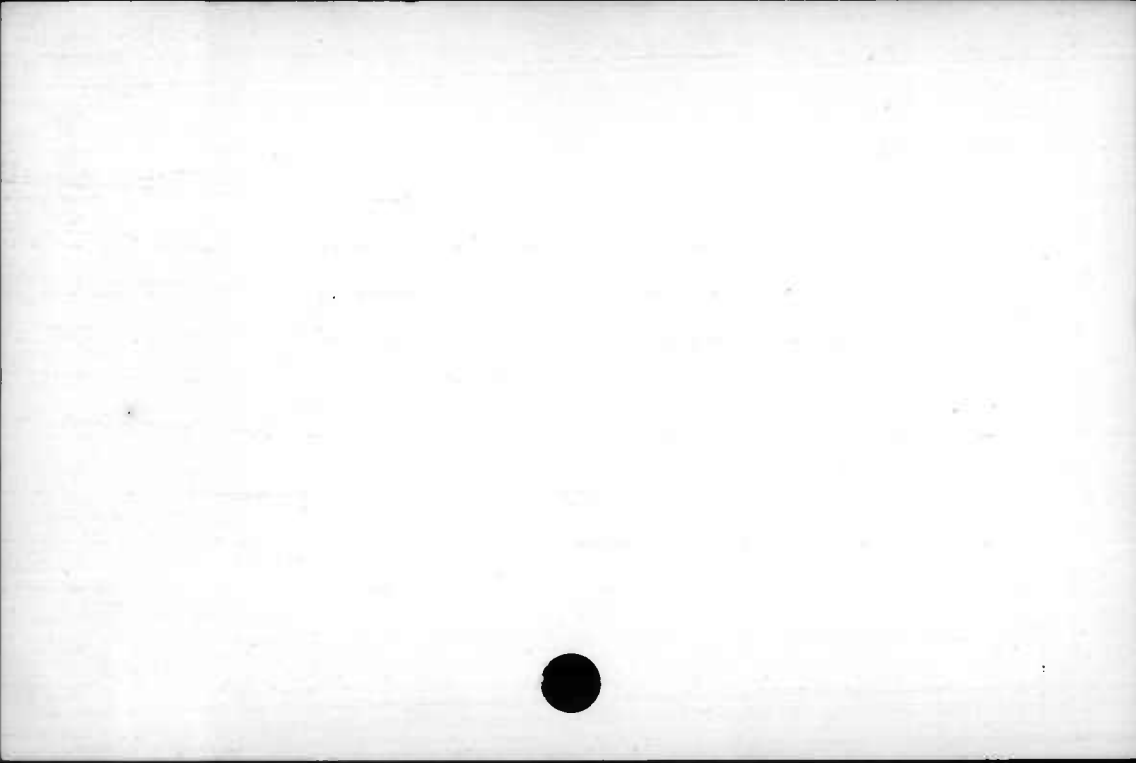
Name in Full <i>Jessie May Sothoron</i>		Town <i>New Market-</i>		County <i>St. Marys</i>		MARYLAND	
Died at		Date of death		Age		Months Days	
<i>1907</i>		<i>July</i>		<i>30</i>		<i>2</i> <i>13</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>St. Marys Co</i>			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Wm. F. Sothoron</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Ann Pearl Knott</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving In formation <i>Wm. F. Sothoron</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>4 days</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Zach. R. Morgan</i>
	Address <i>Mechanicsville, Ind.</i>
Accident or Suicide?	



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TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Sarah E. Young.</i>		Town <i>Morganza</i>		County <i>St. Marys</i>		MARYLAND	
Died at <i>Morganza</i>		Month <i>July</i>		Day <i>4</i>		Years <i>20</i>	
Date of death <i>1907</i>		Months <i>7</i>		Days <i>4</i>		Age <i>20</i>	
Sex <i>Female</i>		Color or Race <i>colored</i>		Birth place <i>md</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>md</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Lutherus B. Crasman</i>					
Father's Name <i>Stephen Young</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Lutherus Young</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>Lutherus Young</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

29

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis Bowels</i>		How long <i>7 Months</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>L. B. Johnson</i>	
		Address <i>Morganza</i>	
Accident or Suicide?			

